



Application For Transportation Assistance

For this application to be processed, all requested forms and information must be complete when submitted.

If you need assistance completing the application, please call StarMetro at (850) 891-5199 or Florida Relay at 711.

Determination of eligibility can take up to 21 calendar days.

You will be notified by mail regarding your eligibility status. All customers must recertify **every three (3) years** by submitting a new application with all sections updated.

- Please be sure to print clearly, provide all requested information, provide copies of supporting materials, and sign where appropriate. StarMetro may request verification of any information provided.
- **Section C** must be completed and signed by a licensed medical professional, including but not limited to Physician, Nurse Practitioner, Physical Therapist, Clinical Social Worker, or Certified Orientation and Mobility Specialist.
- Mail, fax, email, or deliver completed application to:

StarMetro Special Transportation Division

**555 Appleyard Drive
Tallahassee, FL 32304**

Phone: (850) 891-5199

Fax: (850) 891-5143

Email: *CustomerService@Talgov.com*

All previous versions of this application are obsolete as of January 1, 2023 and will not be accepted after March 31, 2024.



Section A

This section must be completed by all applicants.

Applicant Information		
First Name:		
Last Name:		
Home Phone:	Mobile Phone:	
Email Address:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not To Say		
Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:		
Social Security Number:	Date of Birth:	
Street Address:		Unit Number:
City:	State:	Zip Code:
Facility Name:		Gate Code:
Identifying features or special instructions:		
Mailing Address (if different from street address):		Unit Number:
City:	State:	Zip Code:
Emergency Contact		
Name:		
Phone Number:	Relationship:	

Fixed Route Barriers

Have you ridden a fixed route bus in the past year? Yes No

How far between your home and the nearest bus stop?

What environmental barriers prevent you from accessing the bus?

Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> There are no sidewalks. | <input type="checkbox"/> Busy or dangerous intersections. |
| <input type="checkbox"/> Missing bench or shelter. | <input type="checkbox"/> The ground is steep or uneven. |
| <input type="checkbox"/> Never tried. | <input type="checkbox"/> I don't know the bus schedule. |
| <input type="checkbox"/> Other barrier: | |

Are you interested in receiving **free travel training**? Yes No

Transportation Assistance

Why are you applying for transportation assistance?

Please check all that apply:

- The bus does not operate where I need to travel.
- The bus does not operate when I need to travel.
- The closest bus stop is too far for me to travel without assistance.
- I cannot get to the bus stop because of a physical obstacle or barrier.
- My disability prevents me from using the fixed route system.
- I cannot access the fixed route bus system for some other reason.

Please explain your reasoning for any answers you selected:



Section B

This section is required if you have a disability or health condition that prevents you from accessing or using the StarMetro fixed route bus.

Title VI / Nondiscrimination

StarMetro assures the Federal Transit Administration and the Florida Department of Transportation that no person shall on the basis of race, color, national origin, sex, religion, age, disability, marital or family status, sexual orientation, gender identity, or any other characteristic protected by federal or state law or City policy will be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination or retaliation under any program or activity undertaken by the agency.

Citizens may contact StarMetro's Civil Rights Officer at **(850) 891-8266** or **StarMetro.TitleVI@Talgov.com** for additional information on StarMetro's nondiscrimination obligation.

Accessibility Needs

Please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> I need door-to-door assistance. | <input type="checkbox"/> I am legally blind. |
| <input type="checkbox"/> I have a vision impairment. | <input type="checkbox"/> I have a hearing impairment. |
| <input type="checkbox"/> I have a prosthetic limb. | <input type="checkbox"/> I travel with a service animal. |
| <input type="checkbox"/> I travel with portable oxygen. | <input type="checkbox"/> I travel with a support cane. |
| <input type="checkbox"/> I travel with crutches or leg braces. | <input type="checkbox"/> I travel with a walker. |
| <input type="checkbox"/> I use a manual wheelchair. | <input type="checkbox"/> I use a powered wheelchair. |
| <input type="checkbox"/> I use an oversized wheelchair. | <input type="checkbox"/> None of the above. |

StarMetro may not be able to accommodate you if your mobility device is wider than 30 inches, longer than 48 inches, or if the total weight of the mobility device and user exceeds 600 pounds.

Functional Abilities

Without help from someone else, are you able to do the following?

Please check all that apply:

- Cross a street?
- Read, hear, and understand directions?
- Travel one block on a sidewalk?
- Travel to the nearest bus stop?
- Walk three-quarters of a mile?
- Identify the correct bus?
- Climb up twelve inches?
- Handle coins, dollar bills, and paper tickets?
- Wait outside without support for 15 minutes or more?
- Grip handles or railings?
- Recite your address and telephone number?
- Safely travel through crowded or complex facilities?
- Recognize a destination or landmark?

If you have additional limitations when traveling with your disability that should be considered, please share them here:

Personal Care Attendant

A Personal Care Attendant (PCA) is someone who travels with you to assist with daily life functions and other tasks.

PCAs are not required to pay additional fare.

Personal Care Attendants are not provided by StarMetro.

Please note that the applicant must travel with a PCA if they are under 14 years of age or Section C indicates a PCA is required.

Additionally, the Special Transportation Coordinator may determine that a PCA is required at any time if an applicant's disability or health condition poses a safety concern.

Do you require the assistance of a Personal Care Attendant?

Always Sometimes Never

If Always or Sometimes:

Provide the following information about your Personal Care Attendant.

Full Name:

Date of Birth:

Please check all that apply to personal care attendant:

- | | | |
|---|--|---|
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Powered wheelchair | <input type="checkbox"/> Service animal |
| <input type="checkbox"/> Portable oxygen | <input type="checkbox"/> Support cane | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Crutches or leg braces | <input type="checkbox"/> None of these apply to my PCA | |

If Sometimes:

Please describe the **specific situation** in which you require assistance.



Section C

This section is required if your application is based on a disability or health condition. The section must be completed and signed by a licensed medical professional or specialist who is familiar with you and your disability.

Professional Certification of Need	
Name of Professional:	
Office Address:	
City, State, Zip Code:	
Office Phone Number:	
License or Certification Number:	State:

Professional Title:

- Physician
- Licensed Clinical Social Worker
- Nurse Practitioner
- Certified Orientation and Mobility Specialist
- Physical Therapist
- Other:

Please **initial** each statement to which you agree:

I certify that I have **read and agree with this application** in its entirety.

I certify that **I have directly treated or worked with the applicant**, and I am familiar with their disabilities or health condition.

I certify that **the applicant requires a Personal Care Attendant** for travel.

PCAs are not provided by StarMetro. Only initial if the applicant has a Personal Care Attendant ready to accompany them, or if you feel they medically require this and should seek out a PCA.

Please **explain in detail** why the applicant is unable to use fixed route bus service:

- The applicant's disability or medical condition is permanent.

I understand that false certification may be reported to the licensing jurisdiction under the State of Florida or appropriate code for the state of my license or certification.

Professional Signature:

Date:



Section D

This section is required to determine eligibility for non-ADA transportation assistance. Complete this section if you need transportation outside of the areas or hours served by the fixed route.

Transportation Needs

How do you currently travel to your destinations?

Please check all that apply:

- Fixed route bus Paratransit bus Facility bus or van
- Drive yourself Private taxi Dial-A-Ride taxi
- Uber or Lyft Friends or family On foot or by wheelchair
- Other:

Does anyone in your household own a vehicle? Yes No

Do you have regularly scheduled medical appointments?

- No, I do not. Yes, at least one per month (select frequency below).
- Monthly Multiple each month Weekly Multiple each week

How often do your transportation needs change?

- My schedule changes rarely, I need predictable transportation.
- My schedule changes often. I need flexible transportation.

<i>Where do you go?</i>	<i>When?</i>	<i>Why?</i>

Assistance Programs

Dial-A-Ride is not a Medicaid transportation provider.

Some Florida Medicaid and Medicare programs provide transportation services to their enrollees at no or little cost to the beneficiary. If you are not sure whether your program provides transportation services, please contact them directly.

I am enrolled in one or more income-based assistance programs.

Please check all that apply (If none apply, skip to Section E):

- EBT or Food Stamps Housing or shelter
 Utilities or rent Medicaid or Medicare
 Other:

Please submit a copy of your paperwork from any income-based assistance programs with your application.

List any attachments you have included with this application:



Section E

This section must be completed by all applicants.

Applicant Certification

- I understand that the purpose of this application is to determine my eligibility for transportation assistance provided by StarMetro through Dial-A-Ride.
- I recognize that StarMetro will share information with contractors as is required to coordinate transportation.
- I hereby authorize my medical representative to release information regarding my functional ability to ride with StarMetro.
- I understand that providing false or misleading information could result in my eligibility status being revoked.
- I agree to notify StarMetro within **thirty days** of any change of address or circumstances.

I certify that, to the best of my knowledge, the information provided in this application is correct.

Applicant or Guardian's Signature:	Date Signed:
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If someone else assisted the applicant with this form, provide contact information below.

Full Name:	Phone Number:
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For StarMetro Administration Only

<i>Eligible Applicant</i>	Date Received	Employee ID	Client ID
<input type="checkbox"/> New Customer <input type="checkbox"/> Recertification			
<input type="checkbox"/> ADA Paratransit <input type="checkbox"/> CTC Program <input type="checkbox"/> Other		Date Processed	Expiration Date
<i>Ineligible Applicant</i>	Date Returned	Reason for Denial	
<input type="checkbox"/> Incomplete <input type="checkbox"/> Denied			